



## Appendix D

### Worksheet for FNAL Medical Office Use only

#### EMPLOYEE EVALUATION

1. Hepatitis B Vaccine History                      YES    NO    Date \_\_\_\_\_  
    Completed 3 dose series                      YES    NO    Date \_\_\_\_\_  
    Post vaccination serology                      YES    NO    Date \_\_\_\_\_  
    Prior Hepatitis serology history                      YES    NO    Date \_\_\_\_\_  
    Prior HIV serology history                      YES    NO    Date \_\_\_\_\_
2. Post testing

Name of test	Date Sent	Date Reported	Results
HIV serology			
HbsAG			

#### HEPATITIS B VACCINATION EVALUATION

1. Employee has received the Hepatitis B vaccine in the past                      YES                      NO
2. If no, does this employee desire the vaccine in the next program                      YES                      NO
3. Employee is recommended to have the Hepatitis B Vaccine due  
    To no contraindications (pregnant, likely to become pregnant in  
    the near future, nursing)                      YES                      NO
4. Treatment given

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5. Employee has been counseled and informed of:  
    \_\_\_\_\_ significance of exposure  
    \_\_\_\_\_ risk of infection  
    \_\_\_\_\_ guidelines of prevention of spread  
    \_\_\_\_\_ recommendations of employee's ability to receive  
    Hepatitis B vaccine

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FNAL Medical office MD or RN Signature and date

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Employee signature and date

6. Healthcare professional's written opinion on exposure provided to  
    employee along with test results needed for further follow-up.                      YES                      NO

## ***PHYSICIAN EVALUATION***

(To be completed by Fermilab MD)

### **SOURCE PATIENT:**

1. Source patient evaluation:

2. Source patient blood tests:

<b>Name of test</b>	<b>Date Sent</b>	<b>Date Reported</b>	<b>Result</b>
HIV Serology			
HbsAG			
Hepatitis C			
RPR			
Other			

### **EXPOSED PATIENT/EMPLOYEE:**

1. This exposure is considered:

\_\_\_\_\_ Non-infectious non-penetrating requires no further follow-up

\_\_\_\_\_ Potentially infectious, requires follow-up.

2. Recommended employee and source (if source known) be drawn for HIV and Hepatitis B testing with results to be given employee by Medical Office as they are available.      YES                      NO

3. Additional comments:

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Physician Signature and date